

SEP. 22. 2003 10:58AM

RIPL0 571-434-9499

NO. 8499 P. 5

Please type a plus sign (+) inside this box →[+]

PTO/SB/122 (11-98)

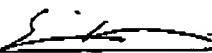
Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# 93/2  
COA  
M. Brunson  
10/9/03

<b>CHANGE OF CORRESPONDENCE ADDRESS</b>		<b>Application Number</b>	09/499,619
<b>Application</b>		<b>Filing Date</b>	February 7, 2000
		<b>First Named Inventor</b>	Shunpei YAMAZAKI
		<b>Group Art Unit</b>	2814
		<b>Examiner Name</b>	N. Ngo
		<b>Attorney Docket Number</b>	0756-2095

Please change the Correspondence Address for the above-identified application to:			
<input checked="" type="checkbox"/> Customer Number      31780      → OR <input checked="" type="checkbox"/> Firm or Individual Name      Robinson Intellectual Property Law Office, P.C.		Place Customer Number Bar Code Label here	
<input type="checkbox"/> Address      PMB 955 <input type="checkbox"/> Address      21010 Southbank Street <input type="checkbox"/> City      Potomac Falls      State      VA      ZIP      20165 <input type="checkbox"/> Country      U.S.A. <input type="checkbox"/> Telephone      571-434-6789      Fax      571-434-9499			
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).			
I am the: <input type="checkbox"/> Applicant <input type="checkbox"/> Assignee of record of the entire interest. Certificate under 37 CFR 3.73(b) is enclosed. <input checked="" type="checkbox"/> Attorney or agent of record.			
Type or Printed Name	Eric J. Robinson, Reg. No. 38,285		
Signature			
Date	June 13, 2003		

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on the date below:

Type or printed name	Rose Fichtel
Signature	
Date	June 13, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.